

* Please ensure all required information (in red with *) is completed. Samples with incomplete forms will not be tested.

HISTORY (Continued):

*** SPECIMENS SUBMITTED AND SERVICES REQUESTED**

For 10 or more samples email a digital spreadsheet to: PAHB@gov.bc.ca

- Full Necropsy** *Includes up to 5 ancillary tests as deemed appropriate by the pathologist*
- Diagnostic Package** *On tissues collected outside of the AHC, includes up to 5 ancillary tests as deemed appropriate by the pathologist*
- Include additional tests at pathologist's discretion** *(additional fees may apply)*

Bacteriology	Histopathology	* Samples	* Sent #	Received # <small>Lab Use Only</small>
<input type="checkbox"/> Aerobic culture and sensitivity	<input type="checkbox"/> Histopathology	Whole Fish		
<input type="checkbox"/> Aerobic culture only	<input type="checkbox"/> Slide Preparation only	Fixed Tissues		
<input type="checkbox"/> DNA Sequencing only	<input type="checkbox"/> IHC:	Fresh Tissues		
<input type="checkbox"/> MALDI ID only	<input type="checkbox"/> Other Histo:	Viral Media Swab		
<input type="checkbox"/> Other Bacti:	Virology: (for full list of available isolation tests see fee guide)	Bacti Media Swab		
	<input type="checkbox"/> Virus Isolation for:	Dry Swab		
	<input type="checkbox"/> Electron Microscopy for:	Other (list below):		
	<input type="checkbox"/> Other Viro:			

Molecular Diagnostics (PCR)

Check off tissue types below

		Fresh	Formalized
<input type="checkbox"/> BKD – Bacterial Kidney Disease (<i>Renibacterium salmoninarum</i>)	<input type="checkbox"/> SAV – Salmon Alphavirus	<input type="checkbox"/> Brain	<input type="checkbox"/> Brain
<input type="checkbox"/> BO – Bonamia ostreae - Oyster	<input type="checkbox"/> SalH – Salmonid Herpesvirus 1	<input type="checkbox"/> Eye	<input type="checkbox"/> Eye
<input type="checkbox"/> CS – Ceratonova shasta	<input type="checkbox"/> SRS – Salmon Rickettsial Syndrome (<i>Piscirickettsia salmonis</i>)	<input type="checkbox"/> Heart	<input type="checkbox"/> Heart
<input type="checkbox"/> EHN – Epizootic Haematopoietic Necrosis Virus	<input type="checkbox"/> KUDOA – Salmon Soft Flesh Disease (<i>Kudoa thyrsites</i>)	<input type="checkbox"/> Gill	<input type="checkbox"/> Gill
<input type="checkbox"/> Fcol – Flavobacterium columnare	<input type="checkbox"/> SVC – Spring Viremia of Carp Virus	<input type="checkbox"/> Liver	<input type="checkbox"/> Liver
<input type="checkbox"/> IHN – Infectious Hematopoietic Necrosis Virus	<input type="checkbox"/> TSV – Taura Syndrome Virus	<input type="checkbox"/> Head Kidney	<input type="checkbox"/> Head Kidney
<input type="checkbox"/> IPN – Infectious Pancreatic Necrosis Virus	<input type="checkbox"/> TMAR – Tenacibaculum maritimum	<input type="checkbox"/> Trunk Kidney	<input type="checkbox"/> Trunk Kidney
<input type="checkbox"/> ISA – Infectious Salmon Anemia Virus	<input type="checkbox"/> VHS – Viral Hemorrhagic Septicemia Virus	<input type="checkbox"/> Spleen	<input type="checkbox"/> Spleen
<input type="checkbox"/> KHV – Koi Herpesvirus (<i>Cyprinid Herpesvirus 3</i>)	<input type="checkbox"/> MYXO – Whirling Disease (<i>Myxobolus cerebralis</i>)	<input type="checkbox"/> Stomach	<input type="checkbox"/> Stomach
<input type="checkbox"/> LOMA – Loma salmonae	<input type="checkbox"/> WSSV – White Spot Syndrome Virus	<input type="checkbox"/> Intestine/Ceca	<input type="checkbox"/> Intestine/Ceca
<input type="checkbox"/> MVis – Moritella viscosa	<input type="checkbox"/> WSHV-1 – White Sturgeon Herpesvirus 1	<input type="checkbox"/> Skin/Sk. Muscle	<input type="checkbox"/> Skin/Sk. Muscle
<input type="checkbox"/> NOC – Nocardia seriolae	<input type="checkbox"/> WSHV-2 – White Sturgeon Herpesvirus 2	<input type="checkbox"/> Fins	<input type="checkbox"/> Fins
<input type="checkbox"/> NS – Nucleospora salmonis	<input type="checkbox"/> WSIV – White Sturgeon Iridovirus	<input type="checkbox"/> Gonad	<input type="checkbox"/> Gonad
<input type="checkbox"/> NP – Paramoeba perurans	<input type="checkbox"/> YHV – Yellow Head Virus	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> PMCV – Piscine Myocarditis Virus	<input type="checkbox"/> YERS – Yersinia ruckeri		
<input type="checkbox"/> Other PCR:			

Please view our full list of tests available in our fee guide at www.gov.bc.ca/animalhealthcentre

* Do these fish samples originate from outside the Pacific Ocean Watershed (not species specific)?

- NO** – If NO, only sign for acknowledgement
- YES** – If YES, review and initial declarations and sign acknowledgement

Submitter Declaration under conditions for movement of animals or things to a closed premise facility:

- I declare that the specimens have been packaged in new or decontaminated containers and have been packaged to prevent the escape or leakage of contents during transport to the closed premise facility. Initials: _____
- I declare that the animals or things that I am submitting are not under any restrictions or destruction orders. Initials: _____

By initialling above and signing and dating below the submitter is attesting to the stated declarations on this submission form.

*** IMPORTANT PLEASE READ:** By signing this form, the submitter acknowledges and agrees: 1) Specimens submitted are cremated on site following testing and ashes will not be returned. 2) Personal information supplied by the submitter is collected by His Majesty The King in right of B.C. as represented by the Minister of Agriculture and Food (AF) under s. 26(c) of the Freedom of Information and Protection of Privacy Act, for completing the requested testing and analysis. Such personal information will be used and disclosed only in accordance with that Act and the Animal Health Act. The submitter can direct any questions on personal information to PAHB@gov.bc.ca. 3) AF may use information related to food-producing animal testing for the summarized statistical surveillance of production animal health in B.C. 4) In the event of a suspected reportable, notifiable or foreign animal disease, the AHC must comply with relevant laws by confirming the diagnosis and notifying the appropriate agencies. 5) The AHC may send the specimen submitted to an external third-party laboratory for required testing at the discretion of the Case Coordinator, unless otherwise directed by the client.

*Submitter's Signature: _____ Date: (YYYY/MM/DD) _____